

OCT 2 5 2001

AF/1646

**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

**ATTN: BOX AF**

Application Number 08/826,361

Filing Date 26 March 1999

First Named Inventor Sietse MOSSMAN

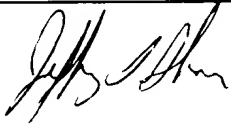
Examiner Name M. Pak

Group Art Unit 1646

Total Number of Pages in This Submission = eight (8) Attorney Docket Number 2355-124

**ENCLOSURES (check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers                                | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final                              | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input checked="" type="checkbox"/> Associate Power of Attorney           | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                              |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                               |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)                              |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   | <b>REMARKS:</b>   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Jeffrey L. Ihnen, Reg. No. 28,957				
SIGNATURE		DATE	25 OCTOBER 2001	DEPOSIT ACCT USER ID	02-2135

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